

**Nebraska Department of Health and Human Services**

**Division of Public Health**

**Health Promotion Unit**

**Office of Oral Health and Dentistry**

## ***Request for Applications***

**For**

**2014-2015**

## ***Oral Health Access for Young Children Program***



Phone: 402-471-0166

<http://www.dhhs.ne.gov/dental>

**Date of Issuance: August 15, 2014**

**Applications Due: September 12, 2014**

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## Application Summary

Funding Source: Preventive Health and Human Services Block Grant  
Centers for Disease Control and Prevention  
CFDA# 93.991

Grantor: Nebraska Department of Health and Human Services

Division: Public Health

Unit: Health Promotion Unit

Office: Office of Oral Health and Dentistry

Contact: Jessica O. Ball, Dental Health Coordinator  
[jessica.o.ball@nebraska.gov](mailto:jessica.o.ball@nebraska.gov)

*The information contained in this summary highlights items of immediate importance to all applicants. Applicants are reminded that this summary is not intended as a substitute for reading all of the materials contained in this document in their entirety.*

Funds to Be Awarded: It is anticipated that a total of \$80,000.00 will be available to fund Nebraska's Oral Health Access for Young Children. Funding is subject to the availability and award of federal funds. Funding will be made available for up to four (4) subgrants. Average awards will be approximately \$20,000.

Project Period: November 1, 2014 – August 31, 2015

Funding Purpose: To address oral health disparities affecting Nebraska children and families through provision of oral health preventive services and education.

Funding Restrictions: Funds may only be used to supplement and not supplant other State, Local or private funds that would otherwise be made available for the project.

Reporting Requirements: Narrative progress, data, and expenditure reports are due quarterly.

Description of Eligible Applicants: The fifteen organizations that were involved in the Nebraska Oral Health Access for Young Children program in 2011-2012 are eligible to apply for this funding.

Application Due Date: September 12, 2014

Anticipated Date of Award Notification: On or before October 22, 2014

Description of Review Criteria: Each Application will be reviewed for responsiveness to this request, including: the proposed objectives and activities, budget and budget justification, project evaluation, capacity of the applicant to perform the work, the applicant's prior performance, and methods for recruiting and retaining priority populations.

### **The Office of Oral Health and Dentistry**

Since 1949, the Department of Health and Human Services, Division of Public Health's Dental Program, called the Office of Oral Health and Dentistry, has sought to improve the lives of Nebraskans by promoting preventive oral care, particularly in young children.

According to the United States Surgeon General, oral health is an integral part of general health and good dental care is critical to oral health. Therefore, good dental care is critical to overall physical health and well-being. According to the Surgeon General's Report on Oral Health in America (2000), approximately 25,000,000 Americans live in areas lacking adequate oral health services and as many as 11 percent of the Nation's rural population have never seen a dentist. This access problem is complicated by the fact that according to the article Access to Oral Health Care in Nebraska almost half of the total dentists practicing in Nebraska in 2012 were working part-time.

An increased focus on oral health has occurred with Healthy People 2020 identifying Oral Health as one of its twelve Leading Health Indicators. Leading Health Indicators are selected to communicate high-priority health issues and action that can be taken to address them across the life span. According to HealthyPeople.gov, in 2007 only 44.5% of people age 2 and older had a dental visit in the prior 12 months, this rate has remained essentially the same over the last decade.

Dental disease is largely preventable; it can cause pain and dysfunction, as well as other consequences including: delayed or insufficient physical development, absence from school, difficulty concentrating and learning, poor appearance, low self-esteem and increased likelihood of hospitalization and emergency room visits. The proposed project presents a community-based opportunity to accelerate the pace of finding solutions to oral health access shortages and prevent needless suffering among Nebraska's children.

This Request for Application, (RFA) issued by the Nebraska Department of Health and Human Services, Office of Oral Health and Dentistry (OOHD), is available as a result of funding received from the Centers for Disease Control and Prevention, Preventive Health and Health Services Block Grant.

### **Purpose of Funding**

The purpose of the project overseen by the Nebraska Department of Health and Human Services OOHD, is to increase access to oral health services and simultaneously decrease the need for restorative dental care by emphasizing primary prevention services. This will be

accomplished by working with internal and external partners to develop and implement local strategies and solutions, continuing collaboration with several partners previously involved in the Oral Health Access for Young Children program, and providing preventive oral health services and education to children and families.

The target populations for the proposed project include young children from **birth to five years of age**:

1. whose families are low income
2. have limited access to oral health care
3. are not being reached by existing preventive oral health programs, or
4. have special health care needs

The focus area to be addressed for the proposed project is:

- Support of local programs focused on providing education and preventive oral health treatments, including the application of fluoride varnish 3-4 times a year, to benefit the health of children and families at high risk for oral disease. Programs will encourage the establishment of a dental home.

### **Project Priorities**

Applicants are encouraged to incorporate these strategies into proposed projects.

1. Increase the focus on primary prevention, before a health problem develops.
2. Increase emphasis on public health partnering at selected sites such as WIC clinics, Head Start/Early Head Start facilities, pre-schools, and childcare centers.
3. Increase oral health education for children and families with limited access to care.
4. Increase community involvement in Oral Health Access for Young Children program to encourage participation and growth.

### **Eligible Organizations**

The fifteen organizations that were previously involved in the Nebraska Oral Health Access for Young Children program are eligible to apply for this funding.

### **Available Funding** *(Subject to funding being awarded by PHHSBG)*

It is anticipated that \$80,000 in grant funding will be available for public dental health services for Nebraska populations with limited access to care.

## Audit Responsibilities

1. All Subrecipient books, records, and documents regardless of physical form, including data maintained in computer files or on magnetic, optical or other media, relating to work performed or monies received under this subgrant shall be subject to audit at any reasonable time upon the provision of reasonable notice by DHHS. Subrecipients shall maintain all records for five (5) years from the date of final payment, except that records that fall under the provisions of the Health Insurance Portability and Accountability Act (HIPAA) shall be maintained for six (6) full years from the date of final payment. In addition to the foregoing retention periods, all records shall be maintained until all issues related to an audit, litigation or other action are resolved to the satisfaction of DHHS. All records shall be maintained in accordance with generally accepted business practices.
2. The Subrecipient shall provide DHHS any and all written communications received by the Subrecipient from an auditor related to Subrecipient's internal control over financial reporting requirements and communication with those charged with governance including those in compliance with or related to Statement of Auditing Standards (SAS) 112 *Communicating Internal Control related Matters Identified in an Audit* and SAS 114 *The Auditor's Communication with Those Charged With Governance*. The Subrecipient agrees to provide DHHS with a copy of all such written communications immediately upon receipt or instruct any auditor it employs to deliver copies of such written communications to DHHS at the same time copies are delivered to the Subrecipient, in which case the Subrecipient agrees to verify that DHHS has received a copy.
3. The Subrecipient shall immediately correct any material weakness or condition reported to DHHS in the course of an audit and notify DHHS that the corrections have been made.
4. In addition to, and in no way in limitation of any obligation in this subgrant, the Subrecipient shall be liable for audit exceptions, and shall return to DHHS all payments made under this subgrant for which an exception has been taken or which has been disallowed because of such an exception, upon demand from DHHS.

## Project Period

Pending availability of funds and adequate progress, the project period for the grants awarded under this competitive RFA will be for ten months, beginning November 1, 2014 and concluding on August 31, 2015.

## Use of Funds

Funds cannot be used to directly subsidize individuals for the cost of health care, for lobbying, for the purchase of major medical equipment, or to supplant other State, Local, or private funds that would otherwise be made available for the project.

Funds awarded may not be used for construction or renovation of real property, e.g., buildings, land, etc.

*Oral Health Access for Young Children grant funding may only be used for activities outlined in the approved work plan.*

Funds may be used to pay for salaries for project staff, fringe benefits, travel, meeting expenses, postage, oral health supplies, office supplies, and other expenditures in accordance with Federal guidelines. All funded organizations must be good stewards of state and federal funds awarded.

Negotiated Indirect Cost Rate (ICR) agreements must be in place in order to charge indirect costs against the Oral Health Access for Young Children grant budget. Regardless of the negotiated rates the funding source caps indirect cost that can be claimed at *10% of the total award amount* with submission of a current copy of the ICR agreement.

Please specify in the budget justification the types of costs that are included in the applicant's indirect costs and provide an attachment as necessary.

### **Reporting Requirements**

Subrecipients will be required to submit quarterly narrative progress, expenditure, and data reports and end-of-grant-cycle reports. The second quarter report should include all documentation to support expenses requested for payment, including receipts, bills, employee records of time, and other appropriate documentation. The reporting schedule is below.

<b>Report Title</b>	<b>Period Covered</b>	<b>Due Date</b>
Year One, First Quarter	November 1 - December 31, 2014	January 9, 2015
Year One, Second Quarter	January 1, 2015 - March 31, 2015	April 10, 2015
Year One, Third Quarter	April 1 - June 30, 2015	July 10, 2015
Year One, Fourth Quarter	July 1 - August 31, 2015	September 4, 2015
2014-2015 Annual Report	November 1, 2014 – August 31, 2015	September 7, 2015

Subrecipients will be required to gather and supply to the OOHd data on partnerships, participants, and the types of activities conducted. More information will be provided to subrecipients in award letters and at the technical assistance site visit during the first quarter.

## Application Deadline

A **complete, signed application with scanned signature** must be emailed to [jessica.o.ball@nebraska.gov](mailto:jessica.o.ball@nebraska.gov) by **September 12 2014**. Applications must be emailed as Microsoft Word or Excel or Adobe documents or some combination. No extension of the deadline date will be granted. Late, incomplete, or noncompliant applications will not be reviewed or scored. Additions or corrections will not be accepted after the closing date.

An **original signed application** must be mailed to:  
Office of Oral Health and Dentistry  
NE Dept. of Health & Human Services  
301 Centennial Mall South  
PO BOZ 95026  
Lincoln, NE 68509-9818

All versions of the application, including attachments, become the property of the Nebraska Department of Health and Human Services upon receipt and will not be returned to the applicant.

## Technical Assistance

During the period following release of this RFA all questions should be submitted in writing to [jessica.o.ball@nebraska.gov](mailto:jessica.o.ball@nebraska.gov) by September 3, 2014. All questions and their respective answers will be posted in writing via email to all known applicants and to the OOHD website by September 5, 2014. In no case shall verbal communications override written communications. Only written communications will be considered binding.

In the event it becomes necessary to revise any part of this RFA prior to the scheduled submission date, an addendum shall be issued to all qualified applicants.

## RFA Timeline

Issuance of RFA	August 15, 2014
Questions Due	September 3, 2014
Answers to Questions Posted via email and OOHD website	September 5, 2014
Applications Due	September 12, 2014
Approximate Date of Award Notification with Contingency Definitions	September 30, 2014
Contingency Responses Due	October 14, 2014
Anticipated Date of Final Award Notifications	October 22, 2014
Project Start Date	November 1, 2014



## Expectations of Project

Applications are being solicited for projects that continue and expand upon the work accomplished in the Oral Health Access for Young Children Program. Seek written approval of OOHD before addressing topics or providing services not identified here.

Applications should focus on service delivery through creative strategies, and support the direct delivery of dental services by expanding existing services or enhancing service delivery. The program design must emphasize the delivery of specific services rather than the development of organizational capabilities.

### Expectations of Applications

1. Proposed budget must be reasonable for the proposed **quantity** and **quality** of activities in the work plan. A budget justification must be included following the proposed budget.
2. Expenses associated with preparing and submitting an application will not be reimbursed by DHHS.
3. The Department of Health and Human Services reserves the right to withdraw any award if a satisfactory response to contingencies has not been received within 14 calendar days of notice to the applicant by DHHS.
4. DHHS reserves the right to withdraw an award, and/or negotiate the work plan, budget or component of a proposed project. If project deliverables including quarterly reports are not completed satisfactorily, the OOHD has the authority to withhold and/or recover payment of funds.
5. Upon receipt of an acceptable response to contingencies, DHHS will send each applicant a final award letter. This award letter will incorporate by reference the RFA, the approved application, the applicant's response to the contingencies, and the Subgrant Terms and Assurances.

### Expectations of Subrecipients

1. Grantees are to expend funds in accordance with the approved line item budget. If changes exceed 10% of the **total award amount**, the grantee must request in writing a budget revision or a work plan amendment depending on what in the budget needs to be changed. It is up to the discretion of the Office of Oral Health and Dentistry whether or not to approve the requested budget revision or work plan amendment.
2. Grantees are reimbursed for actual expenses incurred by the grantee. Grantees must submit quarterly reports to the Office of Oral Health and Dentistry for expenses incurred in the previous quarter. On average it takes 30-45 days for the state to issue payments to grantees.

Advance payments for services are not allowed by DHHS. Grantees are encouraged to submit reports to the OOHD in a timely manner to ensure prompt payment of expenses and cash flow maintenance.

3. Grantees are expected to contact the OOHD if they or any community partner or collaborator have difficulties implementing the work plan or need to make changes in the approved activities.

The grantee must be aware that it is legally bound to deliver the services as stated in the work plan. The OOHD will work with the grantee to determine possible solutions or best outcomes. If changes need to be made in the work plan, the grantee must contact the OOHD in writing to request a revision or amendment, including changes in Project Director.

4. Grantees are to maintain accurate records regarding program implementation and evaluation which document the persons and organizations involved, activities carried out, and any materials or information developed. It is expected that these documentation records may include but will not be limited to logs, sign-in sheets, meeting minutes, survey and evaluation data, etc. The above documents as well as all receipts, bills, employee records of time, and other appropriate documents are **required to be submitted with the second quarterly report**.

5. Grantees must submit to the OOHD timely, accurate, and complete progress reports every three (3) months using the forms, format, and time line provided by the OOHD.

6. Grantees are to be aware that the OOHD may withhold payment of quarterly expenses for lack of documented and/or timely progress, as well as any apparent non-compliance with grant requirements. Continued lack of documented and/or timely progress and/or noncompliance with grant requirements may result in funds being redirected.

### Training Requirements

All funded projects shall meet the following training requirements:

1. The Project Director and Project Coordinator for each award *must* make themselves available for onsite technical assistance training during the first quarter of the award. Technical assistance will be provided by the OOHD Dental Director and Dental Coordinator.

### Application Review Process

All applications will be subject to a technical review to assure that all required documentation has been included. Only those applications successfully clearing technical review will advance to the comprehensive evaluation phase of the review process. Applications are judged nonresponsive if they are incomplete, improperly formatted, inadequately developed, or otherwise unsuitable for peer review and funding consideration. Non-responsive applications will not be reviewed further.

During the comprehensive evaluation phase reviewers will critique applications. During this phase, the areas of review will include the project work plan and narrative, the target population and setting, evaluation plan, partnership plan, and budget and budget justification.

Final decisions regarding funding will be based on funds available and the application's responsiveness to the previously identified priorities.

## Application Instructions

Applications should be typed or word-processed, single-spaced, in 12-point typeface, with one inch margins. A complete version of the entire application must be submitted to [jessica.o.ball@nebraska.gov](mailto:jessica.o.ball@nebraska.gov) as Microsoft Word or Excel or Adobe documents. The email with which the application is submitted serves as the applicant's signature until the original signature is received in the mail.

An **original signed application** must be mailed to:

Office of Oral Health and Dentistry  
NE Dept. of Health & Human Services  
301 Centennial Mall South  
PO BOZ 95026  
Lincoln, NE 68509-9818

All applications **must** use the following format in describing the proposed project. Applicants may use the Oral Health Access for Young Children Application Package to help assure that all required elements are included in the application. ***Applications of no more than 15 pages, not including attachments are preferred.*** Lengthy applications and unnecessary attachments or supporting materials are discouraged.

## Application Format

### I. Cover Sheet (FORM A)

Complete all sections of the Cover Sheet.

**1. Project Director** - This is the person *directly* responsible for the oversight of the proposed project. This individual will serve as the liaison between the OOHD and other project staff and will be responsible for the completion and submission of all required documentation.

### II. Project Narrative (FORM B)

The project narrative should contain the following:

1. The applicant organization's mission and vision statements.

2. Describe the organization and/or partner organization(s) in terms of size, location, scope of services and target population. Please list the key partners who will actively participate and contribute resources to enhance efforts. Describe the contributions of each (direct and indirect). Name the local stakeholders who will be involved in your project and describe the process for receiving their feedback in strategizing to meet program goals. Identify any barriers or challenges your organization and/or partners may encounter in performing any aspect of this subgrant.

3. Describe the expertise and/or credentials of the Project Director and the Project Coordinator. Indicate what role the Project Director will play in the performance of the work plan. Please note: should a new Project Director be assigned during the course of the project, a description of their expertise and/or credentials must be submitted to the OOH in writing.

4. Describe what was done in the first year of the Oral Health Access for Young Children program under previous HRSA funding and current activities to determine the health gaps in the applicant's target population and geographic area. Include baseline data for population(s) served (if available). **Please limit to one page**

### **III. Project Work Plan (FORM C)**

**Goal:** Re-establish or expand current preventive oral health services for children 0-5 years of age at WIC, Head Start/Early Head Start facilities, pre-schools and child care centers.

Objectives and activities should be directly related to the identified needs and strategies proposed. The work plan should describe:

1. An estimate of the number of people the project will serve.
2. Specific tasks to be accomplished, who will be responsible for them, and when they will be accomplished.
3. The products that will result from the tasks completed.
4. Timelines for all activities.

*An **objective** is a statement, expressed in terms of time and measures, of a defined health problem or health issue. It should describe specific action(s) designed to promote desired changes in risk factors or risk conditions.*

*An **activity** is a statement of the detailed steps that will be taken to achieve the objective.*

*The objectives must be **SMART**:*

*Specific: Is there a description of a precise or specific behavior/outcome which is linked to a rate, number, percentage, or frequency?*

*Measurable: Is there a reliable system in place to measure progress towards the achievement of the objective?*

*Achievable: With a reasonable amount of effort and application, can the objective be achieved?*

*Relevant: Can the people with whom the objective is set make an impact on the situation? Do they have the necessary knowledge, authority, and skill?*

*Time-Based: Is there a finish and/or a start date clearly stated or defined?*

Objectives and activities for the evaluation plan should also be identified in the work plan.

#### **IV. Budget (FORM D)**

The budget should be detailed outlining all costs associated with the project for the period of November 1, 2014 – August 31, 2015.

Budgeted items may include:

1. **Personnel** – Personnel costs must be budgeted for separately on the line item budget. The justification should include title, annual salary, percent full time equivalent (FTE), and dollar amount requested for each position. Job responsibilities must be specified in the budget justification.
2. **Fringe Benefits** – The justification for this line item should specify which expenses are included in the figure (including but not limited to retirement, FICA, insurance, Workers' Compensation, etc.)
3. **Travel** – Dollars requested should be for staff travel. Mileage should be computed at the State rate, currently \$0.56 per mile. The justification should describe how the travel relates to the accomplishment of project goals. For all travel, indicate who will be traveling and the number of days per trip.
4. **Educational Tools** – Pamphlets, booklets, and related health promotion items are valid costs under this funding. Any educational tools must be described fully, and must be approved by the Office of Oral Health & Dentistry before purchase.
5. **Operating Expenses** – A separate line item may be included for each of the following operating expenses, as necessary for day-to-day program operation:

- Printing and Postage
- Transportation of Clients –Justification will be required to transport clients
- Dental and Office Supplies

6. **Indirect Costs** - Indirect costs may only be charged ***up to 10% on the award amount*** if the applicant organization has a current negotiated Indirect Cost Rate (ICR) agreement. Please attach a copy of the Indirect Cost Rate Agreement.

7. **Contractual** – Subrecipients may contract with another agency or individual for purposes of performing subgrant activities. The budget must include the name of the contractor, the amount to be contracted, and the work to be done; i.e. Interpreter or Registered Dental Hygienist with a Public Health Authorization. A signed copy of the contract must be submitted to the OOHD and approved by the same before any work is done or contract funds are expended.

8. **Other Funding Sources** – identify any other state public health funding (such as Maternal Child Health; Preventive Health and Health Services; Women, Infants and Children; etc.) that will assist with this project. Include sources and amounts.

## **V. Budget Justification**

1. Applicants must provide a justification for the proposed budget in detail noting how estimated expenditures will support the work plan and project goals. An explanation for the calculation of estimated amounts for funds must be given for each item listed. Be sure that the budget categories and the line items directly match the descriptions in the budget justification. Applications lacking specificity may delay approval of the proposed budget.

2. Explain the relationship of the Oral Health Access for Young Children grant application to any other funding received through the state for similar activities. Include source(s).

3. In-Kind Match is not required.

## **VI. Evaluation Plan**

The OOHD does not expect each community to design its own evaluation. The OOHD will provide forms similar to those previously used in the Oral Health Access for Young Children to report the required data.

At a minimum, the evaluation plan for the application must include: ages of children, numbers of children and adults treated, percentage of patients recalled for repeated fluoride varnish application, number of patients referred for emergency care, number of patients referred for

non-emergency care, number of patients for whom you were able to assist in establishing at dental home. In addition the OOHD will want to know what was done to facilitate the agency/partners abilities to provide services; and what barriers or challenges did your organization/partners face and how did you address these barriers.

Include a description of how the results of the evaluation and final report will be disseminated and communicated.

## **VII. Partnership Plan**

Provide up to a one (1) page detailed narrative summary of existing partnerships that the applicant has and how those partners will be utilized throughout the project. Also describe any partners the applicant plans to bring to the project and their potential roles. Partnerships need to be specific and strategic.

1. Specify how the partnerships will impact the objectives in your work plan.
2. For each partner, provide a Memorandum of Understanding (MOU) signed by both parties.

## **VIII. Attachments**

Attachments should include Memoranda of Agreement (MOAs), Indirect Cost Rate (ICR) agreements, and letters of support.

FORM A

**Oral Health Access for Young Children Program 2014-2015  
Competitive Application Cover Sheet**

Project Title: \_\_\_\_\_

Applicant Organization: \_\_\_\_\_

Federal Tax Identification Number: \_\_\_\_\_

Address: \_\_\_\_\_

City/Zip Code: \_\_\_\_\_

**Project Director**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Financial Officer**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

By submitting and signing this application, the applicant agrees to operate the project as described in the Application and in accordance with the grant Terms and Assurances.

Name of authorized official: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

Amount of funding requested: \$ \_\_\_\_\_



FORM B

**Oral Health Access for Young Children Program 2014-2015**

**Competitive Application Narrative**

Project Title: \_\_\_\_\_

Applicant: \_\_\_\_\_

FORM C

**Oral Health Access for Young Children Program 2014 - 2015  
Competitive Application Project Work Plan**

Project Title: \_\_\_\_\_

Applicant: \_\_\_\_\_

<b>Project Goal: Re-establish or expand current preventive oral health services for children 0-5 years of age at WIC, Head Start/Early Head Start facilities, pre-schools, and child care centers.</b>					
Objectives	Outputs (Activities)	Responsible	Timeframe	Outcomes	Performance Measures
1.0	1.1				
	1.2				
2.0	2.1				
	2.2				

FORM D

**Oral Health Access for Young Children Program 2014 - 2015  
Competitive Application Line Item Budget**

Project Title: \_\_\_\_\_

Applicant: \_\_\_\_\_

This form can be used in the portrait or landscape page layout.

<b>Line Items</b>	<b>Funds Requested</b>
Personnel (include % FTE for each position)	
Fringe Benefits	
Travel	
Mileage	
Meals and Lodging	
Other (Specify)	
Operating Expenses	
Printing	
Postage	
Materials and Supplies	
Communications	
Contractual	
Indirect Costs	
<b>TOTALS</b>	

The Budget Justification will be in a narrative format that matches the line items of the budget. Provide a brief description of any other funding sources that will be used to assist with this project.